

2017 JUL 10 AM 10:19

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Kellin Lynn Dunaway			2. FEC Candidate Identification Number	
(b) Address (number and street) P.O. Box 709		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Chesterfield MO 63006		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Democrat	5. Office Sought U.S. House	6. State & District of Candidate Missouri 2		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
 (year of election)
NOTE: This designation should be filed with the appropriate office listed in the instructions.

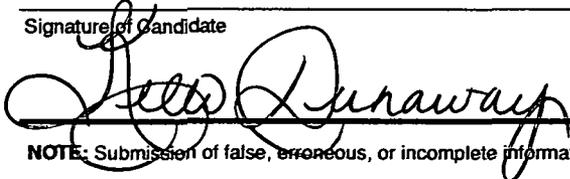
(a) Name of Committee (in full) Kelli for Congress		
(b) Address (number and street) P.O. Box 709		
(c) City, State, and ZIP Code Chesterfield MO 63006		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
 (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 7 July 2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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2017-07-10 10:00 AM

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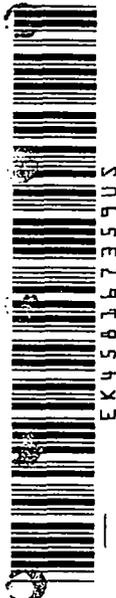
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PHONE (314) 451-5295

PAYMENT BY ACCOUNT (if applicable)

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- SIGNATURE REQUIRED: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
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- 10:30 AM Delivery Required (additional fee, where available)
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PO ZIP Code: 63144
Scheduled Delivery Date (MM/DD/YY): 7/9/17
Postage: \$ 23.75

Date Accepted (MM/DD/YY): 7/7/17
Scheduled Delivery Time: 10:30 AM 3:00 PM 12 NOON 10:30 AM Delivery Fee: \$
Insurance Fee: \$
COD Fee: \$

Time Accepted: 2:43 PM
Weight: 2.43 lbs. ozs.
Rate: \$
Sundays/Holiday Premium Fee: \$
Return Receipt Fee: \$
Live Animal Transportation Fee: \$
Total Postage & Fees: \$ 23.75

DELIVERY (POSTAL-SERVICE USE ONLY)

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Federal Election Commission
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7/7/2017

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Other (Specify): Date of Receipt or Postmarked

PREPARER *MP* 7/10/2017
DATE PREPARED

2017-07-10 08:09:24